

Review & Commentary on Health Policy Issues for a Rural Perspective – July 1<sup>st</sup>, 2012

## Rural Health & Jobs Need Medicare's Support

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative, Sauk City

One out of every six of us lives in rural America. The Midwest has the highest percentage of people living in rural communities (one out of every four).

Most of us have a job. Most of us have health insurance. Neither is perfect. You may feel you don't need to worry about what Congress does to Medicare. Guess again. Regardless of your age, it will affect you.

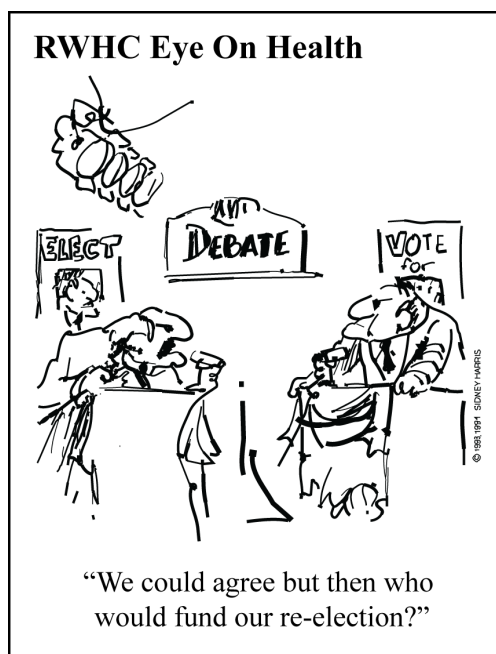
The politicians in Washington continue with their high stakes child's game of "king of the hill." As they do so, the fragile payment system supporting rural hospitals and clinics may be trampled.

Nearly a third of rural residents depend on public funding for their healthcare. This is typically the federal Medicare program for seniors or the federal and state Medicaid program for people with low income.

Our country's typical rural hospital or clinic is very dependent on Medicare funding. Seniors need and use health care at rates much higher than most. And there are more seniors in rural communities. Apart from nursing homes, rural healthcare providers are much less dependent on Medicaid dollars as most Medicaid recipients are young and relatively healthy.

Medicaid typically pays much less than the cost of the services provided. If most rural hospitals or clinics depended mostly on Medicaid, they would be forced to close. The problem is that Medicare funding is quickly on the way to looking like Medicaid.

Multiple rural Medicare programs that keep doors open and support local jobs are set to expire this October and December. In January, Congress is expected to implement across the board cuts to all hospitals and doctors through something they call "sequestration"—across the board cuts regardless of the level of need for the funds.



With these public funds slashed, rural hospitals and clinics won't close just for Medicaid patients. They won't close just for Medicare patients. They will close for the whole community.

The National Rural Health Association just released a report that compares the effectiveness of rural and urban hospitals. (The comparison was done by iVantage Health Analytics, a private health care research company.) On most measures, rural hospitals compare quite favorably with their urban counterparts. In fact, the study finds that, “when matched against urban hospitals,

‘rural hospitals have achieved a noteworthy level of comparative performance...’ Rural health care is not more expensive than care in urban areas, and rural care is comparable to care given in urban hospitals.”

Now imagine losing your closest emergency room, hospital or clinic. Imagine the jobs and spending lost in

the community. Congress must act to renew and protect Medicare programs that are the foundation of rural health care in America.

The Low-Volume Hospital program is one of the first programs set to expire. It was created by Congress to help rural hospitals who have a low number of inpatient hospital stays. It helps to offset the higher costs of providing care to seniors. It assists hospitals providing care locally in lower volume settings.

Congress's own Medicare Payment Advisory Commission proposed the program in 2001. The adjustment operates on a sliding scale intended to target the hospitals that need it the most.

We know Washington is a mess. And I don't mean one party or the other. Congress is deadlocked. Most are more interested in bomb throwing than finding common ground. Few have the courage to pass any legislation in an election year. Few have the courage to not demonize their opponents.

There is a failure to focus on the large areas of common ground. The focus is on the fewer number of flash points that inspire radicals in both parties. It is paralyzing our country.

Access to rural health care is heavily dependent on a government that works. We need our representatives in Washington to start acting like adults if we are to retain rural health care in America.

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## The Rural Brain Gain

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The following is from "Continuing the Trend: The Brain Gain of the Newcomers, A Generational Analysis of Rural Minnesota Migration, 1990-2010" by Ben Winchester, Research Fellow, University of Minnesota Extension Center for Community Vitality:

"Using demographic analysis of data from the Decennial Censuses of 1990, 2000 and 2010, this report updates research that examines migration patterns in and out of rural areas by generational age cohorts. The study brings to light a little-examined phenomenon re-

garding the migration of people age 30-49 into rural areas across Minnesota. The report also considers both national and state context of the phenomenon we have termed, 'the brain gain.' "

**"Introduction**—Change in rural communities over the past 100 years has been significant. In fact, it could easily be re-termed a *restructuring* of rural society. Farming as the core rural industry has declined, now involving just six percent of the rural labor force. School consolidations reduced the number of Minnesota school districts from 432 in 1990 to 337 in 2010—a decline of 22 percent. Empty storefronts need attention. Churches, hospitals, and more recently post offices, have closed. In many cases, these changes result in a dramatic blow to hometown spirit."

"Headlines and book titles proclaim this demise, so that the public conscious has an embedded view of rural areas as in decline. Specifically, there is much hand-wringing about the 'brain drain' because young people leave their small hometowns and head to the city to pursue education and careers."

**"But doom-and-gloom statistics for rural America can be challenged with a deeper examination of the numbers** that reinforce the message of rural demise."

"The release of the 2010 U.S. Decennial Census data allows us to further explore population dynamics that

*Eye On Health* is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members to partner with others to make their communities healthier... generates additional revenue by services to non-Members... actively uses strategic alliances in pursuit of its Vision.

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we first examined in 2009, and to draw some new conclusions and comparisons. **Among the findings is the number of rural counties—both in Minnesota and other Midwest states—that experienced gains in the 30-49 age cohort.** It is hoped that this report will deepen the understanding of migration patterns, and refocus the rural narrative on the opportunity offered by 30-49 year olds changing their quality of life—and the future of our rural communities—by continuing to choose rural places.”

“While it would be wrong to paint a singular rosy picture of rural challenges, **our purpose in dissecting the demographics is to discover where rural areas are successful, and which migratory population trends could provide viable opportunities to rural areas.** In this way, data can be more helpful to community leaders who want to build on available assets, and leverage them for the future.”

“**What is the brain gain?**—As described in the original research report—*Rural Migration: The Brain Gain of the Newcomers*—population growth and decline examined in the 2000 census information is not consistent across age groups. Digging deeper into demographic shifts in rural counties within age cohorts, we see a loss of high school graduates in the ‘brain drain’ ages of 18-25. Members of this cohort leave their home communities to attend college, locate employment, and expand their horizons.”

“At the same time, **almost all rural Minnesota counties experienced gains in the 30-49 age cohort.** Further examination of this rural demographic found that **this cohort was choosing to move to rural areas for a better quality of life.** This we have termed a ‘brain gain’ because, as we examine the demographics of the 30-49 year old cohort, we see that **those migrating to rural areas are in their early/mid-career; they bring significant education, skills and connections to people and resources in other areas.** This cohort is an asset to rural areas. A detailed look at this age-

related migration between 1990 and 2000 can be found in the article ‘A Glass Half Full: A New View of Rural Minnesota’ published in the 2011 edition of the *Rural Minnesota Journal*.”

“Further examination of the phenomenon was done in 2010. A group of economic development leaders in central Minnesota wanted to develop strategies to recruit and retain the newcomers identified in the ‘brain gain’ report. The census data provided the group a starting point and the group took the initiative to further investigate the trends. This group, led by the Upper Minnesota Valley Regional Development Commission based in Appleton, Minnesota, distributed mail surveys to new residents and conducted focus groups across the region.”



“The leaders found that the top reasons cited for migration to rural Minnesota include: 1) a desire for a simpler life, 2) safety and security, 3) affordable housing, 4) outdoor recreation, and 5) for those with children, locating a quality school. Surprisingly, jobs were not found in the top 10 reasons. In short, the decision to move was based on concerns about quality of life. These findings parallel those found in a similar study in the panhandle of Nebraska.”

*An in-depth analysis of this University of Minnesota Extension study is online at [www.extension.umn.edu/community/brain-gain](http://www.extension.umn.edu/community/brain-gain).*

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## Low Immunization Rates Invite Epidemics

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Wisconsin leads the country in the number of cases reported this year for pertussis, better known as whooping cough, with 14% of the cases reported nationally. While the rate of new cases has thankfully dropped off in Wisconsin, the total number of cases year to date in 2012 is already 1,996 compared to 159

cases in 2011. (Source: CDC *Morbidity and Mortality Weekly Report* for the week ending June 2nd.)



Unvaccinated children are at a higher risk of getting whooping cough and other diseases. Concerns by some parents about vaccine safety have led to more children not receiving the protection vaccines offer. The American Academy of Pediatrics (AAP) offers a helpful response to these concerns in “Frequently Asked Questions, Vaccine Safety” at: <http://ow.ly/bv55D>

“As a parent, you might have questions and concerns about vaccine safety. With so much incorrect information on the Internet and in the media, it is often hard to find trustworthy, clear, and up-to-date information. The truth is that today’s vaccines are the most effective and safest in history and have protected and saved millions of lives from vaccine-preventable diseases. However, some children are too young or too sick to receive vaccines. And some children do have side effects. Listed below are common questions about vaccine safety and the AAP’s response.”

**“How are vaccines licensed and monitored to ensure their safety?”** The Federal Drug Administration (FDA) tests new vaccines for up to 10 years before issuing the vaccine a license. All vaccines must be safe and proven to work well in children.”

**“What are the known side effects of vaccines?”** Vaccines can sometimes cause certain side effects. The most common side effects include fever, redness or soreness where the shot was given, or fussiness of your child. Sometimes more serious reactions occur, but they are very rare. It is important to talk to your pediatrician to identify possible side effects to watch for and how to contact him in case you observe something you are concerned about.”

**“What is the mercury containing ingredient thimerosal? Is it safe?”** Thimerosal is a preservative used in some vaccines, medicines, and other products such as contact lens solutions, throat, and nose sprays. In vaccines, thimerosal stops bacteria and fungi from getting into open multi-dose vaccine containers. Thimerosal has a small amount of organic mercury in it. Some parents and others worry about a

link between neurologic disorders and vaccines that use thimerosal. Reliable scientific studies have not shown that small amounts of thimerosal in vaccines cause harm. Minor side effects like swelling and redness where the vaccine was given are the same for thimerosal containing vaccines as well as non-thimerosal containing vaccines.”

**“Why do we give our children so many shots? Is it safe to give multiple vaccines in one visit?”** Vaccines are the best way to prevent diseases. Children are given vaccines at a young age because this is when they are most likely to get the disease. If a child is not vaccinated and is exposed to a disease, the child’s body may not be strong enough to fight the disease.”

**“I had chickenpox as a kid and was fine, why does my child need a vaccine?”** Many parents remember getting chickenpox (varicella) because it is a common childhood disease. Although this disease is common, parents should keep in mind how uncomfortable and potentially severe this disease can be for their child. Before the vaccine, there were 100 deaths and 12,000 hospitalizations per year in the United States.”

**“Does the measles-mumps-rubella (MMR) vaccines cause autism?”** No. Scientific data does not show a link between the MMR vaccine and autism. Children receive the MMR vaccine at 12-15 months. Signs of autism often appear when a child is 15-18 months. Because children get the MMR vaccine just before the signs of autism appear, some people were concerned about a link.”

**“A lot of people get the flu each season, it’s not that serious, right?”** Yes, it is true; a lot of people get the flu (influenza) each season. Every year in the United States, on average 5% to 20% of the population will get the flu. Despite how common it is, influenza is a serious disease and every year about 36,000 deaths and 200,000 hospitalizations occur because of it. Young children are at high risk for serious flu complications such as bacterial pneumonia, ear and sinus infections, and dehydration. It is recommended that your child be vaccinated yearly starting at 6 months of age.”

**“I’m not sure the hepatitis B vaccine is necessary for my baby. Why is it important?”** The hepatitis B



vaccine is important for all babies. This vaccine protects your baby from the serious hepatitis B virus. The virus can enter the bloodstream, attack the liver, and in the chronic state, cause serious damage or even liver cancer. The younger a child is exposed, the more likely they will suffer from liver damage

or liver cancer; 90% of infected infants will develop the chronic infection. Vaccinating at birth ensures that your baby will be protected at the beginning of his or her life from any exposure to the hepatitis B virus.”

“ **‘Even if I choose not to vaccinate my child, my baby will be protected because other children are vaccinated.’** The concept that your child will be protected from a vaccine-preventable disease because other children are vaccinated is known as ‘herd immunity.’ Herd immunity refers to the type of immunity that occurs when the vaccinated portion of the population provides protection against a disease to the unvaccinated individuals.”

*RWHC is committed to work with all others in rural Wisconsin to improve the rate of childhood immunizations through the newly formed Southern Wisconsin Immunization Consortium (SWIC); more info about SWIC is available at: [www.rwhc.com/SWIC.aspx](http://www.rwhc.com/SWIC.aspx).*

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## It Takes a Village to Create Health

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From “Edgerton Hospital Healthy Village Spearheads Outdoor Wellness” by Neil Johnson in the *Edgerton Gazette*, 6/10/12:

“As Edgerton Hospital CEO Jim Pernau pointed out his favorite noon-hour walking path, a cardinal sang from the treetops. Farther down a hillside shaded by old growth timber, a wild turkey crossed and disappeared into the underbrush.”

“With fresh limestone gravel crunching under his shoes, Pernau folded his suit jacket over his forearm

### USDA Supports RWHC’s Distance Learning Programs

RWHC was one of two organizations in Wisconsin to receive a 2012 USDA Distance Learning and Telemedicine Grant. The funds will support the purchase of video conferencing and related equipment used by the Cooperative to extend its training services and coordinate a program of shared services supporting rural health care among its membership of 35 rural hospitals throughout Wisconsin. The RWHC Office and Training Center is located in Sauk City.

and hunched over to climb a steep hill overlooking a pond. ‘This hill will really test what kind of shape you’re in,’ Pernau said.”

“Pernau was just a few hundred yards west of Edgerton Hospital on new wooded public

walking trails the hospital unveiled last month. It’s part of the hospital’s Healthy Village campus, a more than 100-acre outdoor complex of public hiking paths, community gardens and an outdoor healing garden geared for patient recovery and public wellness.”

“Crews are constructing a healing garden on the southwest side of the hospital. The area will include wheelchair accessible walkways, landscaped gardens, exercise and relaxation areas, a pond and even a labyrinth. Parts of the healing garden, a centerpiece of the Healthy Village plan, will be finished later this year, hospital officials said.”

“Hospital officials say the healing garden, walking trails and community garden are part of a multipronged approach to healthy living, including diet, exercise and even something intangible ‘a person’s spirit’s going to be way more than flowers that look pretty,’ hospital spokeswoman Sunny Bowditch said.”

“**Preventative care**—The Healthy Village plan is viewed, in part, as a boon for cardiac patients and others recovering at the hospital. Bowditch said the hospital planned the outdoor amenities because studies show contact with nature can speed recovery for patients, decrease the need for pain medication and reduce stress for families dealing with illness. “

“But a major purpose of the Healthy Village is to offer the community ways to prevent illness. Pernau said health experts blame the nationwide rise in obesity, Type 2 diabetes and heart disease for the majority of spiraling healthcare costs.”

“Those diseases are ‘linked to people’s habits, what they eat, what they drink, what they smoke,’ Pernau said. He said those issues and lack of physical activity

are the root of a health crisis that threatens the healthcare system. ‘It behooves us as a nation and as communities to address these healthcare issues before they push us over the brink,’ Pernau said. ‘You can’t just talk about it. You have to do something.’ ”

“The hospital is offering change in an outdoor package. It’s as simple as hospital-sponsored yoga classes in the future healing gardens, or a half-hour hike through the woods on the hospital’s groomed walking trails.”

“Pernau couldn’t hide his pride as he showed off the hospital’s new 30-acre community gardens, which are in a farm field on the south end of the hospital grounds. Dozens of mini-plots are available there for a small fee or a few hours of volunteer labor. People can grow their own food and even take classes in organic gardening.”

“Such amenities are becoming the norm at new hospitals on the coasts but are unusual at smaller hospitals, said Pernau and SSM Health Care spokesman Steve Van Dinter. SSM has affiliations with Edgerton Hospital and St. Mary’s Janesville Hospital. Van Dinter said Edgerton’s Healthy Village is the first of its kind for a hospital in southern Wisconsin, and ‘probably the first in the state at a community-based hospital the size of Edgerton.’ ”

“This is possible because Edgerton Hospital is adjacent to 80 acres of woods and farmland. The hospital purchased the bulk of that land on an option during development of the hospital with plans to develop outdoor wellness areas.”

### **Newly hired? Recently promoted? Looking to brush up on some management skills?**

RWHC offers a series of leadership development workshops that focus on the critical areas of success for health care leaders. Topics include skills like coaching, conflict resolution, clear communication, leading change—and many more. Check out the full leadership catalogue at <http://ow.ly/bxzRq>. Workshops are offered to attendees at RWHC in Sauk City, and can also be custom designed to work with your leadership team in your community. This option has many advantages for your team as they learn together, and it also saves you time and travel.

To learn more, contact Jo Anne Preston <[jpreston@rwhc.com](mailto:jpreston@rwhc.com)> or Carrie Ballweg <[cballweg@rwhc.com](mailto:cballweg@rwhc.com)> or via telephone 608-643-2343 today!

“**What does it cost?**—Most of the programming and amenities will be free. For instance, the wooded walk paths are open to the public. The hospital hosts ‘walk and talk’ groups, but people can use the trails for solo walks or jogging. They’re even open for classroom hikes or winter cross-country skiing and snowshoeing.”

“The trails loop past the community gardens and a wheat field that will someday be a seven-acre fruit orchard, or as Pernau calls it, a ‘food forest.’ He said patients or families at the hospital will be able to pick fruit from trees in the orchard and eat it for free. The amenities do come with a cost. For instance, the hospital will have to staff master gardeners and experts to run exercise and organic gardening programs and to maintain walking trails and garden areas.”

“The hospital’s capital foundation is working to raise \$265,000 to complete the healing gardens, said Bonnie Robinson, the foundation’s director. Van Dinter said St. Mary’s Hospital in Madison has similar outdoor amenities, and operations and maintenance there are handled largely through volunteer labor.”

“Volunteers at Edgerton Hospital planted 10 plots of vegetables in the community gardens. The food will be used at the hospital and donated to a local food pantry. Pernau said the wooded walking paths were built largely with donated labor and materials. He said local Boy Scouts plan to help clear brush and improve the area.”

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## Decisions, decisions...

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The following is from the October issue of RWHC’s *Leadership Insights* newsletter by Jo Anne Preston. Back issues are available at:

[www.RWHC.com/News/RWHCLeadershipNewsletter.aspx](http://www.RWHC.com/News/RWHCLeadershipNewsletter.aspx)

“In health care it seems we have almost a ‘consensus’ about consensus. The norm is, ‘Let’s get everyone’s ideas, make sure you all get a chance to have your say, then we will discuss all the merits and challenges of each idea until we can find something that we all agree is the best decision.’ Consensus doesn’t mean everyone gets what they want, but after a thorough

discussion people consent to the outcome and everyone walks out the door with one voice. At best this is a powerful process that builds buy-in because people feel heard. It can prevent unintended consequences because all stakeholders weigh in. It also can help people relate to the bigger picture because the decision is aimed toward the greater good vs. one individual point of view.”

“Consider though that consensus is not the best decision making process, it is just one decision making process. Here are some ways it breaks down and strategies for improvement:

“**Over use**—Where shall we go for lunch? Should we choose the tan or the brown tile for the mail room? Should we lock the crash cart??? We use long drawn out discussions about decisions that are best done by a simple majority vote, assigning a delegate to decide, or for which a regulation trumps all discussion anyway!”

- “To keep energy high in your team, save consensus for decisions that have high impact and that have not already been made by forces beyond your control.”

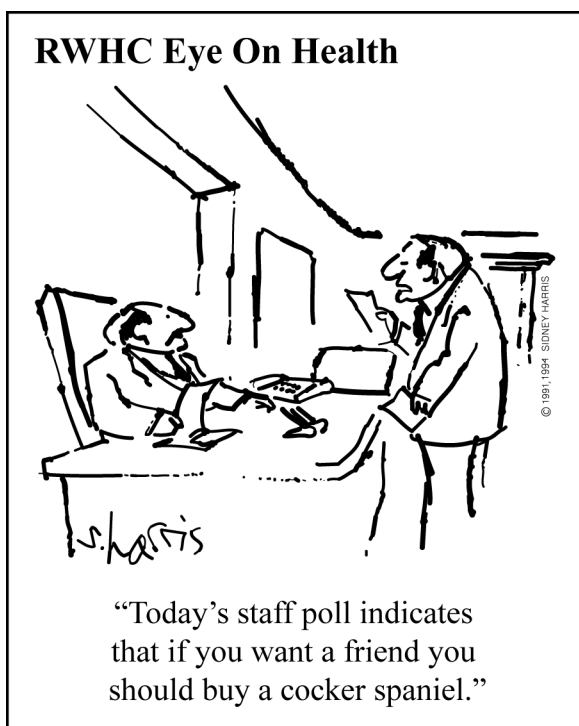
“**Under use**—There are leaders who overdo an authoritarian decision making style, thinking consensus just

takes too much time. People check out because there is no opportunity for them to engage in the conversation and they feel like their voice is not heard. If this is you:

- Develop your facilitation skills to encourage discussion and learn where to focus more on *process* than *outcome*.”

“**‘Midwestern’ niceness**—This may explain some of our enthusiasm for consensus (*sic: at least outside of partisan politics*). It is ‘polite’ to give everyone the chance to speak their views and we believe we ‘ought to.’ However, even though we offer this opportunity, that same ‘Midwestern’ niceness can keep people from openly disagreeing. People nod their heads and you think, ‘Great! We have consensus!’ But what you may have instead is compliance (at best). **False consensus** stalls your change efforts and you are left wondering how something that seemed so agreeable is not moving forward. It is also a perfect set up for the ‘meeting after the meeting,’ a real energy drainer. Go for robust disagreement carried on openly and respectfully. **To work toward true consensus:**

- Invite people to disagree, and then thank them for it when they do.
- Attend to your team relationships in other ways so that people feel safe in stating an unpopular view.
- Establish participation agreements (aka ground rules) that encourage respectful disagreement, and then follow them.
- Fear of taking charge—You are the leader and it is ok to make a unilateral decision about some things. If you tend to back off from decisiveness fearing you will come across like a dictator, consensus can feel like you are doing the right thing when in fact you might be exhausting yourself and your team unnecessarily.
- If a decision really is non-negotiable, make the decision and inform the team. Don’t waste their time discussing something that you have already decided and for good reason.
- Tell your team what decision making process you are using and why (i.e. “I will make the decisions on



this event because time is critical and I need your energy focused on developing our long term plans,” or ‘majority will rule, so let’s vote,’ or ‘we need consensus on this because it is important and will affect everyone so I need your honest thoughts and best ideas-this may take some time but in the end we will come out with a decision that we can all get behind,’ etc.).

- Build trust with your team so they know if you make a decision without asking their input, they are more likely to ‘assume good intent’ on your part.
- Get comfortable with not making everyone happy. When you do the right thing, it does not always end in happiness, but you can make it end with integrity.”

Contact Jo Anne Preston for individual or group coaching at [jpreston@rwhc.com](mailto:jpreston@rwhc.com) or 608-644-3261. For Info re the RWHC Leadership Series 2011-2012 go to [www.rwhc.com](http://www.rwhc.com) and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at [cballweg@rwhc.com](mailto:cballweg@rwhc.com) or 608-643-2343.

## Editors Pick on YouTube

### “John Cleese on Creativity”

Highlights from the video at <http://ow.ly/buzO4>

- (1) Get into an open or playful mode when looking for a solution.
- (2) Boundaries of space and of time necessary to get into open mode.
- (3) Give your mind as long as possible to come up with the answer.
- (4) Confidence that when looking for creative solutions there are no wrong solutions.
- (5) Humor is an essential part of getting into an open mode.
- (6) Pondering an issue allows your unconscious to engage.
- (7) Creativity done best in groups with trusting and a nonjudgmental atmosphere.
- (8) Allow consideration of “intermediate impossible” steps on way to a doable solution.

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